

**PLAINTIFFS' MEMORANDUM OF LAW IN OPPOSITION TO  
DEFENDANTS' MOTION FOR SUMMARY JUDGMENT RE NUISANCE**

**EXHIBIT 10**

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IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA

\*  
THE CITY OF HUNTINGTON,

Plaintiff,

vs.

CIVIL ACTION

NO. 3:17-01362

AMERISOURCEBERGEN DRUG  
CORPORATION, et al.,  
Defendants.

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CABELL COUNTY COMMISSION,

Plaintiff,

vs.

CIVIL ACTION

NO. 3:17-01665

AMERISOURCEBERGEN DRUG  
CORPORATION, et al.,

Defendants.

\*  
Videotaped and videoconference deposition

of JAN RADER taken by the Defendants under the  
Federal Rules of Civil Procedure in the above-  
entitled action, pursuant to notice, before Teresa  
S. Evans, a Registered Merit Reporter, at the  
Mountain Health Arena, One Civic Center Plaza,  
Huntington, West Virginia, on the 17th day of June,  
2020.

1 before you left the hospital. But I had -- I  
2 wanted nothing to do with it.

3 As soon as I'd get home, I'd switch to  
4 Tylenol and Aleve or something else. So --

5 Q. Have you ever had any issues with drug or  
6 alcohol abuse?

7 A. Me personally?

8 Q. Yes.

9 A. No.

10 Q. Have you had any family members or friends  
11 that have had issues with opioid abuse?

12 A. Yes.

13 Q. Can you tell me generally about that?

14 MS. KEARSE: That's -- I was going to  
15 raise -- I mean, I think these are sensitive issues  
16 there.

17 MS. BROWNING: Yeah.

18 MS. KEARSE: So I'm going to leave it  
19 to the Chief on how --

20 MS. BROWNING: Yeah, that's why I said  
21 "generally."

22 MS. KEARSE: -- on that too.

23 A. I have a lot of friends. There's not one  
24 person in this area that I know that has not been

1       touched or had collateral damage to them,  
2       themselves from the opi -- opioid epidemic. It is  
3       horrendous.

4           Q. During your career with the fire  
5       department, have you ever known a time when abuse  
6       of drugs was not a significant problem in this  
7       area?

8           A. It wasn't when I first started. I rarely  
9       went on an overdose. Rarely. Usually the only  
10      calls we went on when I first came on the job were  
11      -- that were drug-related were alcohol-related to  
12      our local drunks that everybody knew.

13          Q. And then you told me that you started to  
14       see issues with --

15          A. -- pills.

16          Q. -- pills --

17          A. Uh-huh.

18          Q. -- about when?

19          A. It was probably early to mid 2000s.

20          Q. And then we've discussed a number of times  
21       that around 2012, you started to see a shift to  
22       the -- away from pills and toward the illicit  
23       fentanyl, carfentanil --

24          A. Uh-huh.

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1           Q. Who should be, in your opinion, developing  
2 what's going to help a first responder or a child?

3           A. I think it should be experts in that field  
4 with -- guided by those on the front lines who tell  
5 you what we see and what we do. It's going to take  
6 some -- you know, you're going to have to do  
7 experiments and figure out what works and what  
8 doesn't work.

9                         Because let me tell you what: If  
10 you've sat in an office your whole career and  
11 you're a psychologist and you try to talk to me  
12 about what I see and tell me how to feel and do,  
13 that's not going to work. We're going to listen to  
14 people who have been in the trenches with us.

15                         We need mindfulness. We need the skill  
16 set to deal with what we're seeing. This is a war  
17 zone. This is a war zone for first responders.  
18 It's a war zone for children. That's all they know  
19 growing up, is death and destruction.

20           Q. You've mentioned -- you've used the phrase  
21 today "young death."

22           A. Uh-huh.

23           Q. What do you mean by that?

24           A. Somebody who's died before their time.